

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5254PCA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2010
NAME OF PROVIDER OR SUPPLIER ADL HOME CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 5028 ALTA DR LAS VEGAS, NV 89107		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	Initial Comments Surveyor: 28381 This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted in your agency on 01/21/2010 and 01/22/2010. The focused state licensure survey was conducted at your agency by authority of Chapter 449, Personal Care Agencies. Ten client records were reviewed. Five client contacts were made. Thirteen employee files were reviewed. The following regulatory deficiencies were found:	P 000		
P 230	Section 16.1(a-i) Personnel File Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (a) The name, address and telephone number of the attendant; (b) The date on which the attendant began working for the agency; (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375; (d) Evidence that the references supplied by the attendant were checked by the agency; (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with respect to the attendant;	P 230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 230	<p>Continued From page 1</p> <p>(f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division;</p> <p>(g) Proof that the attendant is at least 18 years of age;</p> <p>(h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and</p> <p>(i) Documentation of all training attended by and performance evaluations of the attendant.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 28381 Based on employee file review and staff interview, the agency did not have documentation of TB skin testing for 1 of 13 employees. (Employee #11)</p> <p>Severity: 2 Scope: 1</p>	P 230			

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